06-50000379

HARNET UNTY HEALTH DEPARTMENT

Nº 16718

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." New Installation Septic Tank Name: (owner) Property Location: SR# Repairs Nitrification Line Subdivision _____ Lot #___ Tax ID #____ _____ Quadrant # _____ Number of Bedrooms Proposed: ___ _____ Lot Size:_____ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other

Size of tank: Septic Tank: _____ gallons Pump Tank: _____ gallons

Subsurface No. of ditches 4 exact length of each ditch ft. ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

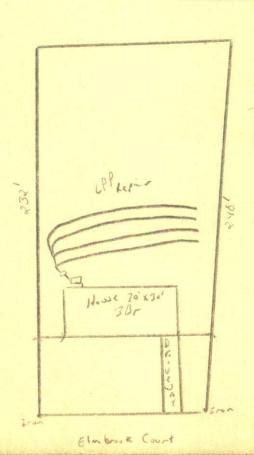
This permit is subject to revocation if site plans or intended use change.

Distance From Well: _____ ft.

Date: 19/17/2000 Signed: Dura M. Jusia

Environmental Health Specialist

* Maintain setbacks * Run ditcheron contour



HARI T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONST...UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16718 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change. Owner or Authorized Agent Name: C+R Bulder Telephone # 919-721-0764 Address: P.O. Dex 1405 Dun N.C. 28335 Property Location: SR # 1447 Road Name Lawrette New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision U. Jor. a Hills Lot # 5 Number of Bedrooms Proposed: ______ Lot size: _____ Without Plumbing _____ Basement _____ With Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank / OOO gallons Pump Chamber _____ gallons Nitrification Field Specifications Number of fields ____/ Number of Lines per Field _____ Length of lines ____/00 f-t. Width of ditches 3 ft. Depth of ditches 18.24 inches French Drain: Linear feet required _____ Depth of gravel ____ No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued. Authorized Agent for Harnett County Health Department M Lai L-S. Date: 10/17/2000

(Revised 2/96) CNSTRCT. WPD